

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

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**DRAFT**

### UST Site Investigation Checklist

|   |  |  |  |
|---|--|--|--|
| Date Form Completed                                     |  | / /  |  |
| <b>1. UST Facility Information</b>                      |  |  |  |
| Agency Interest Number (AI)                             |  |  |  |
| UST Facility Name                                       |  |  |  |
| UST Facility Physical Address                           | Street Address:                                      |  |  |
|   | City:  | County:  | Zip Code: -  |
| UST Facility Location (Coordinates)                     | Latitude:  | Longitude:   |  |
| <b>2. UST System Owner Information</b>                  |  |  |  |
| UST System Owner Name                                   |  |  |  |
| UST System Owner Mailing Address                        | Street Address:                                      |  |  |
|   | City:  | State:   | Zip Code: -  |
| UST System Owner Contact Information                    | Phone: ( ) -   | Alternate Phone: ( ) -   |  |
|   | Email:   |  |  |
| <b>3. Property Owner Information</b>                    |  |  |  |
| Property Owner Name                                     |  |  |  |
| Property Owner Mailing Address                          | Street Address:                                      |  |  |
|   | City:  | State:   | Zip Code: -  |
| Property Owner Contact Information                      | Phone: ( ) -   | Alternate Phone: ( ) -   |  |
|   | Email:   |  |  |
| <b>4. Site-Specific Details</b>                         |  |  |  |
| Release/Incident Numbers and Dates                      | 1.   | 2.   |  |
| Applicable Regulation                                   | <input type="checkbox"/> 2018 Regulation             |  | <input type="checkbox"/> Backlog Regulation (effective prior to 4/18/94) |
| <b>Soil Screening Levels (per Classification Guide)</b> |  | <b>Groundwater Screening Levels (per Classification Guide)</b> |  |
| <b>On-Site</b>  | <b>Off-Site</b>                                      | <b>On-Site</b>   | <b>Off-Site</b>  |
| <input type="checkbox"/> Class A                        | <input type="checkbox"/> Class B Soil Matrix Table 1 | <input type="checkbox"/> Groundwater Table 1                   | <input type="checkbox"/> Groundwater Table 1                             |
| <input type="checkbox"/> Class A Adjusted               | <input type="checkbox"/> Class B Soil Matrix Table 2 | <input type="checkbox"/> Groundwater Table 2                   | <input type="checkbox"/> Backlog Levels                                  |
| <input type="checkbox"/> Class B Soil Matrix Table 1    | <input type="checkbox"/> Class B Soil Matrix Table 3 | <input type="checkbox"/> Groundwater Table 3                   | <input type="checkbox"/> Other – Variance Approved                       |
| <input type="checkbox"/> Class B Soil Matrix Table 2    | <input type="checkbox"/> Backlog Levels              | <input type="checkbox"/> Backlog Levels                        |  |
| <input type="checkbox"/> Class B Soil Matrix Table 3    | <input type="checkbox"/> Other – Variance Approved   | <input type="checkbox"/> Other – Variance Approved             |  |
| <input type="checkbox"/> Backlog Levels                 |  |  |  |
| <input type="checkbox"/> Other – Variance Approved      |  |  |  |

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| 5. Current Site Details   |  |   |   |
|---|--|---|---|
| Soil Contamination  | Nature and extent (vertical and horizontal) defined? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |
|   | Confirmed above applicable screening levels?         | On-Site:  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   |  | Off-Site:   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Groundwater Contamination   | Nature and extent (vertical and horizontal) defined? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |
|   | Confirmed above applicable screening levels?         | On-Site:  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
|   |  | Off-Site:   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Preferential flow-paths?  |  | Anthropogenic:  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Natural: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Free product encountered? ( <i>photographs provided</i> )   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No Thickness (in): _____  | <input type="checkbox"/> No   |
| Historical vapor issues?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Impacted receptors?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Site supplied by public water?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Active or temporarily closed USTs on property?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Other non-UST cleanup activities ongoing?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Applicable Program(s):  |
| UST facilities identified w/in 100-meters ( <i>both current and historical</i> )?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | List AI Numbers:  |
| Aboveground storage tanks on property?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Substance(s) stored:  |
| 6. Site Information and History   |  |   |   |
| Detailed chronology   |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Site and area description   |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Photographs of UST facility and contiguous properties   |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| 7. Site Geology, Hydrogeology, and Stratigraphy   |  |   |   |
| Narrative description of geology, hydrogeology, and surface water hydrology?  |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Discussion on trends in groundwater flow?   |  | <input type="checkbox"/> Yes ( <i>required</i> ) <input type="checkbox"/> N/A ( <i>less than three (3) monitoring events</i> )            |   |
| Geologic cross sections   |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Is site located in a carbonate bedrock or karst setting?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is discussion provided? <input type="checkbox"/> Yes ( <i>required</i> ) |   |
| Narrative regarding wellhead protection areas and domestic-use wells, domestic-use springs, and/or domestic-use cisterns? |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| 8. Maps   |  |   |   |
| Site Survey Map   |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Vicinity Map  |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Aerial ( <i>photograph</i> ) Map  |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Topographic Map   |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Geologic Quadrangle Map   |  | <input type="checkbox"/> Yes ( <i>required</i> )  |   |
| Groundwater Potentiometric Surface Map  |  | <input type="checkbox"/> Yes <input type="checkbox"/> N/A ( <i>less than three (3) monitoring wells gauged</i> )                          |   |
| Contaminant Isocontour Maps   | Soil:  | <input type="checkbox"/> Yes <input type="checkbox"/> N/A   |   |
|   | Groundwater:   | <input type="checkbox"/> Yes <input type="checkbox"/> N/A   |   |
|   | Vapor:   | <input type="checkbox"/> Yes <input type="checkbox"/> N/A   |   |
| Bedrock Contour Map   |  | <input type="checkbox"/> Yes <input type="checkbox"/> N/A   |   |

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| 9. Field Investigations   |  |  |
|---|--|--|
| Soil  | Narrative describing soil sampling and handling procedures?        | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Field instrument calibration documentation                         | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Soil analytical table  | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Soil boring logs   | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
| Groundwater   | Narrative describing groundwater sampling and handling procedures? | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Groundwater analytical table                                       | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Groundwater gauging data table                                     | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Concentration versus time plots                                    | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Groundwater elevation versus time plots                            | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Monitoring well construction and/or plugging records               | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Monitoring well schematic drawings (installation/repair)           | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Photographs of monitoring well installation/repair/abandonment     | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Bedrock wells are recommended                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| Vapor   | Narrative describing vapor sampling and handling procedures?       | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Vapor analytical table   | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
|   | Schematic of soil vapor probe                                      | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
| 10. Analytical Requirements and Results   |  |  |
| Analytical data sheets  |  | <input type="checkbox"/> Yes (required)                              |
| Chains of custody   |  | <input type="checkbox"/> Yes (required)                              |
| Trip blank analysis (BTEX water samples only)   |  | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
| Field blank analysis (BTEX water samples only)  |  | <input type="checkbox"/> Yes (required) <input type="checkbox"/> N/A |
| Narrative description of any flagged, qualified, or anomalous data  |  | <input type="checkbox"/> Yes (required)                              |
| 11. Decontamination and Material Management   |  |  |
| Summary of decontamination procedures?  |  | <input type="checkbox"/> Yes (required)                              |
| Summary of handling and storage of investigation derived waste?   |  | <input type="checkbox"/> Yes (required)                              |
| 12. Off-Site Access and Encroachment Permits  |  |  |
| Is off-site access necessary?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| If yes, have the requirements of Section 5.7 of the UST Corrective Action Manual been completed?                        |  | <input type="checkbox"/> Yes (required)                              |
| 13. Conclusions   |  |  |
| Narrative discussion on the status of defining the horizontal and vertical extent of soil and groundwater contamination |  | <input type="checkbox"/> Yes (required)                              |
| Discussion as to whether the groundwater encountered constitutes a current or potential source for domestic-use         |  | <input type="checkbox"/> Yes (required)                              |
| Discussion of potential contaminant migration between water bearing units   |  | <input type="checkbox"/> Yes (required)                              |

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**Conclusions** (continued from Section 13)

|  |   |
|--|---|
| Discussion of contaminant mobility, migration pathways, and potential receptors                    | <input type="checkbox"/> Yes (required)                   |
| Discussion of the dissolved phase groundwater plume ( <i>i.e., expanding, decreasing, stable</i> ) | <input type="checkbox"/> Yes (required)                   |
| Discussion of potential impacts to buried utility conduits   | <input type="checkbox"/> Yes (required)                   |
| Discussion of data trends of all gauging and contaminant concentration data                        | <input type="checkbox"/> Yes (required)                   |
| Discussion of abatement measures implemented for vapors and free product ( <i>as applicable</i> )  | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |

**14. Recommendations**

|                              |   |                             |
|------------------------------|---|-----------------------------|
| Continued Site Investigation | <input type="checkbox"/> Yes ( <i>recommendations provided – required</i> ) | <input type="checkbox"/> No |
| No Further Action            | <input type="checkbox"/> Yes ( <i>recommendations provided – required</i> ) | <input type="checkbox"/> No |
| Interim Corrective Action    | <input type="checkbox"/> Yes ( <i>recommendations provided – required</i> ) | <input type="checkbox"/> No |
| Corrective Action            | <input type="checkbox"/> Yes ( <i>recommendations provided – required</i> ) | <input type="checkbox"/> No |

**15. Report Certification**

☐ Check here if the person completing the form is the same as the P.E. or P.G. named below.

|                                       |  |                     |           |
|---------------------------------------|--|---------------------|-----------|
| <b>Name of Person Completing Form</b> |  |                     |           |
| <b>Email</b>                          |  | <b>Phone Number</b> | (   )   - |

Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify the submitted information, including all attached documents, is true, accurate and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

|  |  |   |     |
|--|--|---|-----|
| <b>Printed</b>                                 |  | <b>Title</b>                                    |     |
| <b>Signature</b>                               |  | <b>Date</b>                                     | / / |
| <input type="checkbox"/> Professional Engineer |  | <input type="checkbox"/> Professional Geologist |     |
| License Number                                 |  | Registration Number                             |     |
| License Date                                   |  | Registration Date                               |     |



If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).